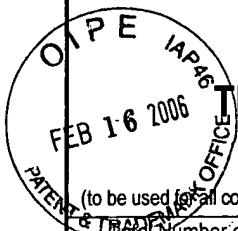


TDA 266



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in this Submission

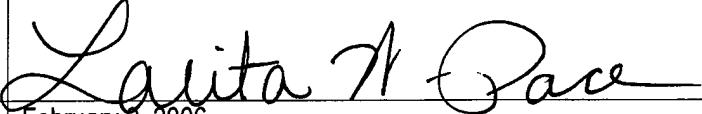
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|------------------------|------------------|
| Application Number | 10/052,081 |
| Filing Date | January 17, 2002 |
| First Named Inventor | Sundar et al. |
| Group Art Unit | 2666 |
| Examiner Name | Mehra, Inder |
| Attorney Docket Number | WIN00900 01 |

ENCLOSURES

(check all that apply)

| | | |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Assignment Papers (for an Application) | <input type="checkbox"/> After Allowance Communication to Group |
| <input type="checkbox"/> Fee Attached | <input checked="" type="checkbox"/> Drawing(s) - Replacement Sheets | <input type="checkbox"/> Appeal Communication to Board |
| <input checked="" type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Licensing-Related papers | <input type="checkbox"/> of Appeals and Interferences |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> Affidavits/Declaration(s) | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Extension of time Request | <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address | <input type="checkbox"/> Status Letter with appropriate copies |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Other Enclosure(s) (please identify below) |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | <input type="checkbox"/> Response to Restriction Requirement <input type="checkbox"/> Associate Power of Attorney <input type="checkbox"/> RCE <input type="checkbox"/> Copy of Notice to File Missing Parts <input type="checkbox"/> Transmittal of Formal Drawings <input type="checkbox"/> Response to Notice of Non- Recordation of Document |
| <input type="checkbox"/> Certified Copy of Priority Documents | <input type="checkbox"/> CD, Number of CDs | _____ |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | <input type="checkbox"/> Remarks | _____ |
| <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53 | | |

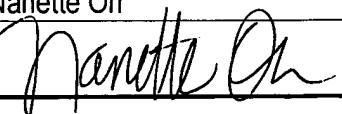
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|-----------------------|--|------------------|--------|
| Firm or Individual | Lalita W. Pace | Registration No. | 39,427 |
| Signature |  | | |
| Date | February 9, 2006 | | |

CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the USPTO to facsimile number 571-273-8300 or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on the date listed below:

Typed or printed name | Nanette Orr

| | | | |
|-----------|---|------|------------------|
| Signature |  | Date | February 9, 2006 |
|-----------|---|------|------------------|